



Paediatric Laboratory Medicine

Patient Name

Birthdate (YYYY-MM-DD)

Tay-Sachs Carrier Screening Program
BIOCHEMICAL TESTING REQUISITION

METABOLIC DISEASES LABORATORY
Atrium Rm 3634
555 University Ave
Toronto ON M5G 1X8 Canada

Tel: (416) 813-6946
Fax: (416) 813-5431

For Canada Only:

Provincial Health Card # _____ Version _____

Issuing Province _____

TESTING: (check to order)

[] Tay-Sachs Carrier Screening For result enquiries, please call Molecular Genetics Customer Service at (416) 813-6590.

ADDITIONAL PATIENT INFORMATION:

- a) Sex: [] Male [] Female
b) Currently on birth control? [] Yes [] No [] NA
c) Currently pregnant? [] Yes [] No [] NA
If Yes, LMP: _____
d) Is there a history of Tay-Sachs Disease in the family? [] Yes [] No

- e) Ethnic background: [] Ashkenazic
[] Sephardic
[] French Canadian
[] Cajun
[] Non-Jewish

SAMPLE SUBMISSION INSTRUCTIONS:

- For male and non-pregnant female patients: 5 mL red top (clotted) tube (enzyme analysis)
• For pregnant patients: 5 mL green top (heparin) tube (enzyme analysis)
• For specimen collection enquiries, please call the Metabolic Diseases Laboratory at (416)-813-6946

SHIPPING INFORMATION:

- Blood samples at room temperature must be received within 24 hours after collection
• Do not freeze or refrigerate blood
• Shipping address:
Molecular Genetics Laboratory
Roy C. Hill Wing Rm 3421
555 University Ave
Toronto ON M5G 1X8, Canada

Referring Physician: (Please Print)

Name: _____

Tel () _____ Fax () _____

Address: _____

Signature (required)

Laboratory Use:

Table with 4 columns: Pedigree No., MG Lab #, Blood, WBC, Carrier Status. Rows include Total beta-Hexosaminidase, beta-Hexosaminidase B, and Percent beta-Hexosaminidase B.